

# ● PRINTER RUSH ●

## (PTO ASSISTANCE)

|  |                                 |                        |
|--|---------------------------------|------------------------|
| Application : <u>10/622916</u>                               | Examiner : <u>Langel</u>        | GAU : <u>1754</u>      |
| From : <u>PAP</u>  | Location : <u>(IDC) FMF FDC</u> | Date : <u>10/10/05</u> |
| Tracking # : <u>EPM 10/622916</u> Week Date : <u>9/12/05</u> |                                 |                        |

| DOC CODE                                 | DOC DATE       | MISCELLANEOUS                                |
|--|----------------|--|
| <input type="checkbox"/> 1449            | _____          | <input type="checkbox"/> Continuing Data     |
| <input type="checkbox"/> IDS             | _____          | <input type="checkbox"/> Foreign Priority    |
| <input checked="" type="checkbox"/> CLM  | <u>7/19/05</u> | <input type="checkbox"/> Document Legibility |
| <input checked="" type="checkbox"/> IIFW | <u>9/12/05</u> | <input type="checkbox"/> Fees                |
| <input type="checkbox"/> SRFW            | _____          | <input type="checkbox"/> Other               |
| <input type="checkbox"/> DRW             | _____          |  |
| <input type="checkbox"/> OATH            | _____          |  |
| <input type="checkbox"/> 312             | _____          |  |
| <input type="checkbox"/> SPEC            | _____          |  |

**[RUSH] MESSAGE:** Renumbered claim 2 (original claim 70)  
depends on renumbered claim 7 (original claim 69).  
Please advise.

Thank you

**[XRUSH] RESPONSE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INITIALS:** \_\_\_\_\_

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
 REV 10/04